

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018721

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 867

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Springfield

Length of stay in lb

25 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION D.O.A. Burge Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY

OR TOWN

Springfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1111 1/2 E. Monroe

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GEORGECHARLESSWANSON

4. DATE OF DEATH

Month

Day

Year

May 311962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec 5, 1923

9. AGE (last birthday)

38

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Photographer - Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Newspaper - TV

11. BIRTHPLACE (City and state or country)

Morris, Minnesota

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles O. Swanson

13b. MOTHER'S MAIDEN NAME

Mabel Peterson

14. NAME OF HUSBAND OR WIFE

Billie Swanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YesWW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Billie Swanson, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GUN SHOT WOUND IN HEAD

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

SELF INFLICTED WOUND. USED 22 CAL. HE WAS AT RESIDENCE WHEN POLICE WERE CALLED

20c. TIME OF DEATH

Hour

a.m.

p.m.

Month, Day, Year

5-31-62FOR DISTURBANCE20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

AT A HOME 616 N. BELL

20f. CITY, TOWN, OR LOCATION

SPRINGFIELD

COUNTY

GREENE

STATE

MISSOURI

21. I attended the deceased from

to

and last saw him alive on

Death occurred at 4:30 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph H. Plume Greene County Coroner

22b. ADDRESS

Springfield, Missouri

22c. DATE SIGNED

6-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

(State)

24. FUNERAL DIRECTOR

Jewell E. Windle P.W.

25. DATE RECD. BY LOCAL REG.

6-6-62

26. REGISTRAR'S SIGNATURE

Effie S. MeehanJewell E. Windle, Springfield, Mo.

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 12 1962

JUN 14 1962

Permit issued 6-1-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by A. Dale Daniel, Student Embalmer No. 660

working under my personal supervision.

Student Dale Daniel
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.